

6-4-76  
REV. 2-80

**HIGH ACCIDENT LOCATION - PROJECT REPORT**

I. D. NO. \_\_\_\_\_  
PROJECT NO. \_\_\_\_\_

TITLE SHEET

PAGE 1

DIV. \_\_\_\_\_ COUNTY \_\_\_\_\_ (IN/NEAR) CITY \_\_\_\_\_

FED. AID SYS. \_\_\_\_\_

**LOCATION:**

SAFETY PROGRAM PH NO. \_\_\_\_\_ YEAR \_\_\_\_\_ PRIORITY NO. \_\_\_\_\_

CORRESPONDENCE FILE NO. \_\_\_\_\_

**BRIEF STATEMENT OF PROBLEM:**

**BRIEF STATEMENT OF PROPOSED TREATMENT:**

WORK TO BE PERFORMED BY: STATE \_\_\_\_\_ STATE CONTRACT \_\_\_\_\_  
CITY \_\_\_\_\_ OTHER CONTRACT \_\_\_\_\_

RECOMMENDED FUNDING \_\_\_\_\_ HIGH HAZARD ELIMINATION \_\_\_\_\_

ESTIMATED COST \_\_\_\_\_

**COMPREHENSIVE COST**

BENEFIT-COST RATIO \_\_\_\_\_ NET ANNUAL BENEFIT \_\_\_\_\_

MUNICIPAL AGREEMENT REQUIRED YES \_\_\_\_\_ NO \_\_\_\_\_

RIGHT-OF-WAY REQUIRED YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER OF PARCELS AFFECTED \_\_\_\_\_ NUMBER OF RELOCATEES \_\_\_\_\_

INVESTIGATING PERSONNEL \_\_\_\_\_ DATE \_\_\_\_\_

AREA TRAFFIC ENGINEERS APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

STATE TRAFFIC ENGINEERS APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

<u>SOURCE OF PROJECT</u>		<u>CHECK LIST</u>	
<input type="checkbox"/>	ANNUAL HIGH ACCIDENT LIST	<input type="checkbox"/>	TITLE SHEET
<input type="checkbox"/>	ROUTINE SURVEILLANCE	<input type="checkbox"/>	HISTORICAL SUMMARY
<input type="checkbox"/>	PUBLIC REQUEST	<input type="checkbox"/>	TURNING MOVEMENT COUNTS
<input type="checkbox"/>	HIGHWAY PATROL REQUEST	<input checked="" type="checkbox"/>	LOCATION MAP
<input type="checkbox"/>	DIV. OF HIGHWAYS REQUEST	<input type="checkbox"/>	PHOTOGRAPHS
<input type="checkbox"/>	MUNICIPAL REQUEST	<input type="checkbox"/>	COLLISION DIAGRAM
<input type="checkbox"/>	OTHER - GIVE DETAILS BELOW	<input type="checkbox"/>	ACCIDENT SUMMARIES
<input type="checkbox"/>		<input type="checkbox"/>	ACCIDENT REPORTS
<input type="checkbox"/>		<input type="checkbox"/>	ACCIDENT CAUSAL FACTORS
<input type="checkbox"/>		<input type="checkbox"/>	PROPOSED IMPROVEMENTS
<input type="checkbox"/>		<input type="checkbox"/>	ALTERNATE IMPROVEMENTS
<input type="checkbox"/>		<input type="checkbox"/>	INTERIM TREATMENT
<input type="checkbox"/>		<input type="checkbox"/>	CONDITION DIAGRAM
<input type="checkbox"/>		<input type="checkbox"/>	TREATMENT DIAGRAM
<input type="checkbox"/>		<input type="checkbox"/>	COST ESTIMATES
<input type="checkbox"/>		<input type="checkbox"/>	BENEFIT - COST ANALYSIS
<input type="checkbox"/>		<input type="checkbox"/>	TRAFFIC SIGNAL DATA
<input type="checkbox"/>		<input type="checkbox"/>	SKID TEST RESULTS
<input type="checkbox"/>		<input type="checkbox"/>	OTHER: _____

REVISIONS AND UPDATES

<u>CHANGE</u>	<u>DATE</u>	<u>INITIALS</u>
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

## **CONDITION DATA AND ACCIDENT DATA**

**CONDITION DATA:** CHECK IF SEPARATE SHEETS ARE ATTACHED FOR THE FOLLOWING

<p>_____ CONDITION DIAGRAM</p> <p>_____ HISTORICAL SUMMARY</p> <p>_____ SIGNAL INVENTORY DATA</p> <p>_____ SUMMARY OF PROPOSED IMPROVEMENTS</p>	<p>_____ TURNING MOVEMENT COUNTS</p> <p>_____ LOCATION MAP</p> <p>_____ PHOTOGRAPHS</p>
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MAJOR ROAD 1994 ADT \_\_\_\_\_ MAJOR ROAD 2004 ADT \_\_\_\_\_

**STATEMENT OF EXISTING PHYSICAL CONDITIONS:**

**ACCIDENT DATA:** CHECK IF SEPARATE SHEETS ARE ATTACHED FOR THE FOLLOWING

<p>_____ COLLISION DIAGRAM</p> <p>_____ ACCIDENT REPORTS</p>	<p>_____ ACCIDENT SUMMARIES</p> <p>_____ SKID TESTS</p>
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TOTAL NUMBER OF ACCIDENTS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 NUMBER OF YEARS \_\_\_\_\_

DESCRIBE DIFFERENT IDENTIFIED PATTERNS AND THE NUMBER OF ACCIDENTS IN EACH:

PATTERN NO.	PATTERN DESCRIPTION	NO. OF ACCIDENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:		_____

## CAUSAL FACTORS AND POSSIBLE TREATMENT

**CAUSAL FACTORS:** DESCRIBE CAUSAL FACTORS FOR EACH PATTERN AND LIST POSSIBLE TREATMENTS.

PATTERN NO.	CAUSAL FACTORS AND POSSIBLE TREATMENTS
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PROPOSED IMPROVEMENTS

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**PROPOSED IMPROVEMENT:** CHECK IF SEPARATE SHEETS ARE ATTACHED FOR THE  
FOLLOWING:

\_\_\_\_\_ ALTERNATIVE IMPROVEMENTS  
\_\_\_\_\_ SKETCHES

\_\_\_\_\_ INTERIM TREATMENTS  
\_\_\_\_\_ PLANS

**DESCRIBE PROPOSED TOTAL IMPROVEMENT ALONG WITH ANY INTERIM TREATMENTS:**

USE ADDITIONAL SHEETS IF NECESSARY